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indicated unless corrected maintenance fee notificatio	below or directed otl	nerwise in Block 1, by ((a) specifying a new corres	spondence address; a	nd/or (b) indicating a sep	n correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
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			L	WW. 1991		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	Α	TTORNEY DOCKET NO.	CONFIRMATION NO.	
09/674,092 08/26/2002 Marcus Keep 0030-0200P 1549 TITLE OF INVENTION: CEREBROSPINAL AND VASCULAR PHARMACEUTICAL COMPOSITION AND PROCESS FOR PREPARING THE SAME							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	E DATE DUE	
nonprovisional	YES	\$720	\$0	\$0	\$720	09/23/2008	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
MOHAMED, ABDEL A		1654	514-009000	ı			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Maas Biolab, LLC Albuquerque, New Mexico							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	mall entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
5. Change in Entity Status a. Applicant claims Status NOTE: The Issue Fee and Property of the	MALL ENTITY statu	s. See 37 CFR 1.27.		b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
interest as shown by the reco	ords of the United Stat	es Patent and Trademark	Office.				
Authorized Signature					ember 22, 2	008	
Typed or printed name Dr. Mark J. Nuell Registration No. 36,623							
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